APPLICATION FOR A LICENSE TO OPERATE AN ASSISTED LIVING FACILITY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 452 (Rev. 9-2022)

Department Use Only
License Number
Licensure Period

INSTRUCTIONS: Type or print clearly. Enclose a check or money order for $75 and other information as requested and submit to: Department of Health and Human Services, 600 E Boulevard Ave. Dept 325, Bismarck, ND 58505-0250 Telephone 701-328-2321. Keep a copy for your records.

ASSISTED LIVING FACILITY INFORMATION

Name of Assisted Living Facility (ALF)			
ALF Street Address	City	State	ZIP Code
ALF Mailing Address	City	State	ZIP Code
Contact Person	Title	Telephone Number	
Email Address	Contact Person's Mailing Address (if different than facility address)		

Type of Application ☐ Initial ☐ Renewal	Number of Living Units	Does your ALF specialize in dementia/alzheimer's? ☐ Yes ☐ No
Has ownership of this ALF changed in the last twelve months? ☐ Yes ☐ No	Has the legal entity responsible for the operation of this ALF changed in the last twelve months? ☐ Yes ☐ No	Is the ALF under a management agreement? ☐ Yes ☐ No

LEGAL OPERATOR OF THE ASSISTED LIVING FACILITY

Exact Name of Legal Entity Responsible for Operations		Taxpayer Identification Number	
Mailing Address	City	State	ZIP Code

LEGAL OWNER OF THE ASSISTED LIVING FACILITY

Exact Name of Owner of Premises			
Mailing Address	City	State	ZIP Code

SERVICES AVAILABLE

Services Available to Tenants at the Facility (either provided directly or coordinated through other entities)

☐ Bathing	☐ Eating	☐ Housekeeping	☐ Other _____
☐ Dressing	☐ Medication Management	☐ Transportation	☐ Other _____
☐ Toileting	☐ Personal Hygiene	☐ Laundry	☐ Other _____
☐ Transferring	☐ Meal Preparation	☐ Other _____	☐ Other _____

How are services provided to the tenants at the facility?

☐ Directly by Operating Entity ☐ Coordinated Through Other Entity (s) ☐ Other (please specify) _____

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SIGNATURES AND AFFIDAVIT

Note: The person signing the application must be 18 years of age or older. The application must be signed by the official(s) of the entity responsible for the operation of the assisted living facility. (If a sole proprietorship, the owner shall sign the application; if a corporation, two of its officers shall sign; if a state, county, or municipal unit, the application is to be signed by the head of the department having jurisdiction over the assisted living facility).

The undersigned hereby makes application for a license to operate an assisted living facility subject to the provisions of North Dakota Century Code - Chapter 50-32 and 23-09, and North Dakota Administrative Code - Chapter 75-03-34 as well as any other applicable federal, state and local laws and regulations. The undersigned declares that they have examined this application and all attachments and that to the best of their knowledge and belief, this information is true, correct and complete. The undersigned will notify the Department of Human Services in writing of any changes in this information within thirty (30) days of any such change.

The undersigned certifies that operation of its facility is in compliance with all applicable federal, state, and local laws and, upon request, make available to the department copies of current certifications, licenses, permits and other similar documents evidencing compliance with such laws.

SIGNATURE

Name (Print)		Name (Print)	
Name	Date	Name	Date
Title		Title	

APPLICATION CHECKLIST

Note: The application fee will not be refunded if the application is denied because the required information is not submitted or the application is incomplete. The department shall approve or deny an application for a license within thirty days of the departments receipt of complete application materials. The following items must be provided before the application will be processed.

- ☐ Signed application
- ☐ Check or money order for the $75 annual license fee (Made payable to the Department of Health and Human Services)
- ☐ Copy of written agreement with tenant. **Agreement must include separate rates for rent and separate rates for services provided to the tenant as well as payment terms, refund policies, rate changes, tenancy criteria, and living unit inspections.**
- ☐ Copy of written notice provided to tenants that explains how a tenant may report a complaint regarding the assisted living facility. **The notice must include the telephone number of the department's senior info-line and the address of the Aging Services Division of the department.** The telephone numbers for the senior info-line are 1-855-462-5465 and 1-701-328-4601. The address of the State Long Term Care Ombudsman is: State Long Term Care Ombudsman, 1237 W Divide Ave Ste 6, Bismarck, ND 58501. Phone: 701-328-4617. Fax: 701-328-0389. Email: dhsagingombud@nd.gov.
- ☐ Copy of the Brochure used to Promote or Advertise the Facility (If Available)
- ☐ Copy of Resident Handbook (If Available)
- ☐ Enter Provider Number if enrolled as a Qualified Service Provider (QSP) — QSP Provider Number
- ☐ Return application to the following address: Department of Health and Human Services, Medical Services Division, 600 E Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250